

PD7 Exhibit 2

Declaration of Dr. Sherry Glied

1. I am a health economist. I am the author of two books and over 180 articles on health economics and health policy and I am a co-editor of the Oxford Handbook of Health Economics. I am currently Dean of the Robert F. Wagner Graduate School of Public Service of New York University.
2. I am an elected member of the National Academy of Medicine and the National Academy of Social Insurance.
3. I served in the U.S. government as Assistant Secretary for Planning and Evaluation (ASPE) in the administration of President Barack Obama, and as a Senior Economist on the Council of Economic Advisers in the administrations of President Bill Clinton and President George H.W. Bush. I also served as a member of the Federal Commission on Evidence-Based Policymaking. My curriculum vitae appears in Attachment A. My hourly rate of compensation in this matter is \$800.
4. Through my experiences as ASPE and as a member of the Commission on Evidence-Based Policymaking, as well as through my expertise as a scholar of simulation modeling, I am an expert in the assessment of scholarly research for the purposes of drawing policy conclusions, including around forecasting and the use of addictive substances.
5. I have been asked by counsel for the Plaintiffs to review the report submitted by Professor Rosenthal on March 25, 2019,¹ and offer an opinion as to the appropriateness of her methodology.
6. I have reviewed Professor Rosenthal's report and selected reports of the opposing experts.² I have also reviewed the principal papers that they rely on in their reports. A listing of the materials that I have reviewed in the preparation of this declaration appears in Attachment B.
7. Professor Rosenthal's analysis seeks to assess the contributions of (aggregate) pharmaceutical company marketing, some or most of which may have been deceptive (depending on the evidence

¹ Expert Report of Professor Meredith Rosenthal, *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division, March 25, 2019.

² Expert Report of Laurence C. Baker, Ph.D., May 10, 2019 (hereafter Baker Report); Expert Report of Pradeep K. Chintagunta, Ph.D., May 10, 2019 (hereafter Chintagunta Report); Expert Report of Professor Iain Cockburn, May 10, 2019 (hereafter Cockburn Report); Expert Report of Henry Grabowski, Ph.D., May 10, 2019 (hereafter Grabowski Report); and Expert Report of Professor Margaret K. Kyle, May 10, 2019 (hereafter Kyle Report), all *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

presented by the Plaintiffs), to the prescribing of opioid drugs in general. Professor Rosenthal explicitly does not assess what portion of marketing was or was not deceptive, either in aggregate or for a particular firm.

8. In my professional opinion, the approach Professor Rosenthal has taken to this problem is reasonable and appropriate.

9. Professor Rosenthal conducted a triad of linked analyses that should be assessed together. Her main “direct” analysis is better understood in light of the two “indirect” analyses she subsequently conducts, which show that plausible explanations for changes in opioid prescribing other than marketing and promotion can explain only a small fraction of the rise actually observed. The first analysis suggests that marketing and promotion activities account for about 67% of the level of prescribing observed in 2016. The second analysis suggests that marketing and promotion activities, beyond better control of pain, account for about 93% of the level of prescribing observed in 2016.

10. To reach these conclusions, in her first indirect analysis, she examines to what extent changes in the social and economic environment (such as changes in the economy and in insurance coverage) other than marketing and promotion practices explain the increase in opioid prescriptions over this period. To do this, she uses a very standard method that has been applied in many other contexts, making conservative assumptions. This model assumes that, but for changes in marketing and promotion, prescribing rates would have grown based on changes in a set of very plausible included variables. Consistent with the findings in this analysis, several of the studies that opposing experts point to suggest that changes in prescribing patterns for a broad array of drugs are largely a consequence of changes in marketing and promotional practices.³

11. Opposing experts do not identify available variables that could be added to the included list that would be likely to have much effect on the size of the residuals from this analysis (i.e., on the share of prescribing that cannot be attributed to factors other than marketing and promotion). Those they do identify (such as changes in insurance coverage generosity or increased rates of cancer survivorship or

³ S. Kremer, T. Bijmolt, P. Leeflang, and J. Wieringa, “Generalizations on the effectiveness of pharmaceutical promotional expenditures,” *International Journal of Research in Marketing*, 25, 2008, pp. 234-246; B.T. Shapiro, “Positive Spillovers and Free Riding in Advertising of Prescription Pharmaceuticals: The Case of Antidepressants,” *Journal of Political Economy*, 126(1), 2018, pp. 381-437; S.R. Majumdar, F.A. McAlister, and S.B. Soumerai, “Synergy between publication and promotion: comparing adoption of new evidence in Canada and the United States,” *The American Journal of Medicine*, 115(6), 2003, pp. 467-472; S.R. Majumdar and S.B. Soumerai “Why most interventions to improve physician prescribing do not seem to work,” *Canadian Medical Association Journal (CMAJ)*, 169(1), 2003, pp. 30-31.

disability rates) are likely highly correlated with the included variables (uninsurance, cancer deaths, and the employment-to-population ratio, respectively), so they would not be expected to substantially change the prediction of the time trend.

12. The second indirect analysis examines how much opioid prescribing might have grown to treat undertreated pain. Professor Rosenthal points out that the prevalence of conditions associated with untreated pain has been declining over time, and that all patients with these conditions constitute at most a tiny fraction of the share treated. Some opposing experts argue that additional conditions should be added to the list Professor Rosenthal considers. I cannot speak to the clinical appropriateness of expanding the list, but note that the fraction explained by untreated pain is so small that, even were this list to double, it would amount to a very small proportion of the actual cases.

13. Professor Rosenthal's preferred analysis is her direct analysis, which is very conservative in light of these indirect analyses – that is, it attributes a much *smaller* share of prescribing to promotion and marketing than do these highly plausible indirect analyses.

14. Her direct analysis asks: How closely do patterns of detailing come to describing the aggregate pattern of prescribing? She uses a time series model to estimate this effect. Her model is specified with endogenously determined break points, so that the effect of marketing on opioid prescribing can vary over time. This is an approach that is consistent with much forecasting practice across many fields of economics. The time-series specification Professor Rosenthal uses is explicitly designed to provide the closest possible match between the flow and stock of marketing contacts and prescriptions. It does not purport to relate the behavior of any single manufacturer to the number of MMEs prescribed by a particular doctor (although she does later present modifications to the model in the event the evidence is found lacking against a particular manufacturer).

15. The various opposing economists raise a range of different objections to this analysis. Notably, there is limited overlap among their critiques. There are multiple acceptable approaches to modeling;⁴ scholars have preferences about these choices and are adept at pointing out minor flaws in modeling choices that they don't like. At the same time, there is ordinarily broad agreement about what constitutes a serious error. Across the opposing experts, only a very few issues are identified consistently. In my discussion below, I focus on these issues.

⁴ D. Remler, J.G. Zivin, and S. Glied, "Modeling Health Insurance Expansions: Effects of Alternate Approaches," *Journal of Policy Analysis and Management*, 23(2), 2004, pp. 291-313.

16. One objection raised by the opposing experts is that Rosenthal's aggregate time series analysis does not assess the individual contributions of each producer, including the marketing strategies of these producers and the possibility that pharmaceutical marketing had the intent of brand substitution. These questions have been of interest in the pharmaceutical marketing literature, including that referenced by the opposing experts. This is not surprising – economists and manufacturers are interested in the question of how much return is obtained from a firm's own marketing dollars. But it is, correctly, not the question that Professor Rosenthal addresses. Rather, the relevant question here is: How much did the detailing (or marketing) of drugs in class X affect the number of prescriptions written for all opioids – that is, for *the entire class of drugs X*? For Rosenthal's question, parsing how much of a drug's detailing was intended to generate brand substitution is irrelevant. The question is how much all detailing and marketing contributed to the growth of overall opioid prescribing.

17. Most of the studies cited by the opposing experts were deliberately intended to isolate the effects of a *particular* brand's marketing on the use of *that* brand. To achieve this, many of the studies include time-specific parameters or time trends (e.g., Mizik⁵). The inclusion of such time trends removes the effect of aggregate marketing across a class of drugs from the effects of brand-specific marketing. Professor Cockburn, in the analysis included in his opinion, likewise includes year fixed effects in his analysis of marketing in Ohio. By contrast, Professor Rosenthal appropriately allows the effects of marketing across brands to affect growth in the overall use of the class of drugs. This modeling choice is consistent with the literature cited by all experts showing that, in the absence of marketing, there is little growth in the use of drugs.⁶

18. This emphasis on the role of marketing in affecting the demand for an entire class of drugs is also consistent with the literature cited by the opposing experts that the relationship between marketing and prescribing is highly variable across classes of drugs.⁷ The case of opioids is one in which there was potential for class-wide growth – the claim here is that *indications for treatment* were themselves very much affected by marketing. That makes it quite different, for example, from the often-cited paper by Datta and Dave, which finds that marketing affected only brand choice and not

⁵ N. Mizik and R. Jacobson, "Are Physicians 'Easy Marks'? Quantifying the Effects of Detailing and Sampling on New Prescriptions," *Management Science*, 50(12), 2004, pp. 1704-1715.

⁶ For example, see Shapiro, *op. cit.*

⁷ For example, see Kremer, *et al.*, *op. cit.*

class-wide sales.⁸ Datta and Dave's study examines the marketing and use of an anti-viral herpes drug – a case where the potential size of the market is highly limited and likely virtually all potential patients were treated with a drug prior to the introduction of the newly-marketed drug. As they write, they are studying whether marketing “can influence physicians to prescribe the advertised drug *in lieu of* alternate generic or branded drugs in the same therapeutic class” (italics added).⁹ Similarly, Chintagunta, *et al.*'s theoretical model and their analyses of Cox-2 inhibitor diffusion (both cited by several opposing experts) assume that market size is fixed.¹⁰ Rosenthal's analysis, by contrast, is, appropriately, directly focused on estimating the effects of promotion on market size for the class of drugs.

19. A second, related objection raised by several opposing experts is that Rosenthal does not consider individual physician characteristics in her analysis. The literature indicates that physician characteristics influence marketing decisions and prescribing decisions. That is, physician characteristics help determine which doctors are visited by detailers, for example. Again, however, this critique is irrelevant to Rosenthal's question, which is about the effects of marketing and promotion on class-wide growth, regardless of which specific physicians were prescribing.

20. A third issue that is flagged across several of the opposing expert reports¹¹ is that Rosenthal finds that the depreciation rate on drug marketing is negative, a result that, according to these experts, is at odds with the existing literature on the depreciation rate for pharmaceutical marketing. Here too, the criticisms are off the mark in this situation. Depreciation rates estimated in prior analyses have measured the depreciation of the effect of a brand's prior marketing on its current sales. To isolate this effect, some studies control for prior period prescribing of the drug, or estimate models in first differences, to separate the effects of the stock and flow of advertising from the effects of persistence in

⁸ A. Datta and D. Dave, “Effects of Physician-Directed Pharmaceutical Promotion on Prescription Behaviors: Longitudinal Evidence,” *Health Economics*, 26, 2017, pp. 450-468.

⁹ *Ibid.*, p. 453.

¹⁰ P.K. Chintagunta, R. Jiang, and G.Z. Jin. “Information, learning, and drug diffusion: The case of Cox-2 inhibitors,” *Quantitative Marketing and Economics*, 7(4), 2009, pp. 399-443. See also, P.K. Chintagunta, V. Kadiyali, and N.J. Vilcassim, “Endogeneity and simultaneity in competitive pricing and advertising: A logit demand analysis,” *The Journal of Business*, 79(6), 2006, PP. 2761-2787.

¹¹ Chintagunta Report, ¶¶ 125-130; Cockburn Report, ¶¶ 42-52; Grabowski Report, ¶¶ 88-94; Kyle Report, ¶¶ 125-136.

prescribing.¹² This is the typical approach in studies of marketing of cigarettes.¹³ Other analyses include separate time trend variables, to remove the effects of trends in use from those of brand-specific advertising. But these modeling choices are not appropriate in this context. The question here is how the total amount of opioids prescribed today relates to the total stock of (potentially deceptive) opioid marketing in the past. Therefore, Professor Rosenthal makes the correct choice in *not* controlling for the level of consumption in the prior period. Rather, her model appropriately attributes persistence in opioid use to prior opioid marketing.

21. A simple model of opioid addiction in which addicted people do not quit but rather increase their use over time as they develop tolerance, switching among opioids from time to time, would generate a negative depreciation rate for opioids overall, even if each specific brand's advertising stock had a positive depreciation rate for that particular drug.

22. This is exactly what Qi finds in the study of smoking¹⁴ cited by the opposing experts to make the reverse point.¹⁵ He finds that aggregate smoking rates continued to grow after the advertising ban, which he attributes to “the addictive nature of cigarette smoking.” This happens even though it is hard to recruit new smokers post-ban (the newly addicted smokers smoke more). Similarly, Baltagi and Levin¹⁶ and Seldon and Boyd¹⁷ include lagged smoking terms in their analyses and find very strong persistence in tobacco use. The inclusion of these lagged smoking terms removes the addictive component of tobacco use from the depreciation rate on marketing. Note that Dave and Saffer¹⁸ look at smokeless tobacco only (which has many substitutes, including cigarettes) – and note that many people use smokeless tobacco as a means to quit using tobacco – which would suggest that it is not an appropriate study to consider in the context of an entire class of addictive substances.

¹² See, for example, F. Windmeijer, E. de Laat, R. Douven, and E. Mot, “Pharmaceutical promotion and GP prescription behavior,” *Health Economics*, 15(1), 2006, pp. 5-18.

¹³ B. Baltagi and D. Levin, “Estimating Dynamic Demand for Cigarettes Using Panel Data: The Effects of Bootlegging, Taxation and Advertising Reconsidered,” *Review of Economics and Statistics*, 68(1), 1986, pp. 148-155; B.J. Seldon and R. Boyd, “The stability of cigarette demand,” *Applied Economics*, 23, 1991, pp. 319-326.

¹⁴ S. Qi, “The impact of advertising regulation on industry: the cigarette advertising ban of 1971,” *RAND Journal of Economics*, 44(2), 2013, pp. 215-248.

¹⁵ *Ibid.*, p. 216; cited in the Kyle report.

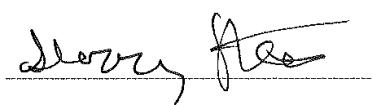
¹⁶ Baltagi and Levin, *op. cit.*

¹⁷ Seldon and Boyd, *op. cit.*

¹⁸ D. Dave and H. Saffer, “Demand for Smokeless Tobacco: Role of Advertising,” *Journal of Health Economics*, 32(4), July 2013, pp. 682-697.

23. A fourth concern raised by some of the opposing experts is that Professor Rosenthal's explicit curve-fitting approach could be used to establish a relationship – real or artificial – between any two variables. It is true that the flexible approach Professor Rosenthal uses could (at least if it were made infinitely flexible) describe a relationship between any two variables. In this case, however, the two indirect analyses and the substantial literature cited by Professor Rosenthal and the opposing experts all indicate that marketing and promotion, both through direct detailing and through funding patient organizations or marketing in other ways, are the only plausible explanation for the relationship identified here. Notably, the curve-fitting exercise produces smaller estimates of the likely contribution of marketing and promotion to the use of opioids than do either of the indirect analyses. Thus, the results of the direct curve-fitting analysis are conservative. The flexible approach she uses, by construction, provides the best possible forecast of the contributions of marketing to opioid prescribing over time.¹⁹

24. Finally, the opposing experts assert that Professor Rosenthal should have used more disaggregated data (perhaps at the level of the individual drug or the individual county or the individual physician). This approach could not be appropriately conducted in this case. First, these data do not exist uniformly. Gaps in the data would make it impossible to compute the aggregate effect of detailing on prescribing behavior at a more disaggregated level. Second, in the case of an addictive drug used in a broadening set of indications, it is not clear what geographic area or time scale would be the correct unit of analysis. For example, if a patient became addicted because of an inappropriate prescription of opioid A prescribed by doctor X influenced by detailing from brand A, to whom should the subsequent prescription of opioid B by doctor Y be attributed? Professor Rosenthal's aggregated estimate avoids these problems of missing data and inappropriate attribution.



Dr. Sherry Glied

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¹⁹ F.X. Diebold and L. Kilian, "Unit-Root Tests are Useful for Selecting Forecasting Models," *Journal of Business & Economic Statistics*, July 2000, pp. 265-273.

Attachment A

CURRICULUM VITAE

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ACADEMIC TRAINING

Harvard University, Ph.D., Economics, 1990
Dissertation: The Economics of Health Status and Labor Market Outcomes.
Ann Arbor, Michigan: University Microfilms International, 1991.
Sponsor: David E. Bloom

University of Toronto, M.A., Economics, 1985

Yale University, B.A., Economics, 1982

ACADEMIC AND PROFESSIONAL APPOINTMENTS

August 2013-Current	Dean Robert F. Wagner Graduate School of Public Service New York University
August 2012-August 2013	Professor Mailman School of Public Health Columbia University
July 2010-August 2012	Assistant Secretary for Planning and Evaluation Office of the Secretary U.S. Department of Health and Human Services

July 2002-June 2010	Professor and Chair (through September 2009) Department of Health Policy and Management Mailman School of Public Health Columbia University
July 1998-July 2002	Associate Professor and Chair Department of Health Policy and Management Mailman School of Public Health Columbia University
September 2000	Visiting Faculty University of Toronto Law School
January 1991-June 1998	Assistant Professor of Public Health Division of Health Policy and Management Columbia School of Public Health
July 1991-June 1998	Assistant Professor of Economics Columbia University
August 1996-July 1997	Visiting Assistant Professor Department of Health Care Policy Harvard Medical School
September 1989- December 1990	Associate in Public Health Division of Health Policy and Management Columbia School of Public Health

PROFESSIONAL ORGANIZATIONS AND SOCIETIES

National Academy of Medicine (formerly Institute of Medicine)
National Academy of Social Insurance
American Economics Association
Academy Health
American Public Health Association
Association for Public Policy and Management
NASPAA

HONORS AND SPECIAL APPOINTMENTS

2016: Member, Commission on Evidence Based Policymaking

2016: Member, Board of Scientific Counselors, National Center for Health Statistics

2006: Member, National Academy of Social Insurance

2006: Member, National Academy of Medicine (formerly Institute of Medicine)

2004: Research!America Eugene Garfield Economic Impact of Medical and Health Research Award

Chair, AcademyHealth Annual Research Meeting

2001: Outstanding Advisor, Department of Economics, Columbia University

2000: Research Associate, Health Economics, National Bureau of Economic Research

1999- 2009: Member, MacArthur Foundation Initiative on Mental Health Policy Research

1999: Fellow, New York Academy of Medicine

February 1993 – May 1993: Co-Chair, Global Budgets and Economic Impacts Working Groups, The President’s Health Care Task Force, Washington, D.C.

August 1992 – July 1993: Senior Economist, The President’s Council of Economic Advisers, Executive Office of the President, Washington, D.C.

1990: Faculty Research Fellow, Health Economics, National Bureau of Economic Research

1989: Dissertation Fellowship, Social Science and Humanities Research Council of Canada

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(OP EDs AND BLOG POSTS)

S. Glied and M. Tavenner. Medicaid through The Crystal Ball Of Historical CMS Projections. Health Affairs Blog, Feb. 27, 2019.

S. Glied. The Potential of Incremental Health Reform. Health Affairs Blog. January 23, 2019.

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S. Glied and G. Kim. Health Spending In 2017: What Policy Can Do, And What It Can't. *Health Affairs Blog*. December 6, 2018.

S. Glied. How a Medicaid Work Requirement Could Affect New Hampshire's Economy. *Commonwealth Fund To the Point Blog*. May 9, 2019.

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Frank, RG and SA Glied. "Keep Obamacare to Keep Progress on Treating Opioid Disorders and Mental Illnesses." *The Hill*, January 11, 2017.

Gluck, Abbe R., and Sherry Glied. "Let CBO Score the New Health Bill." *Los Angeles Times*, March 10, 2017

Glied, S. A., and R. G. Frank. "Care for the Vulnerable vs. Cash for the Powerful-Trump's Pick for HHS." *The New England Journal of Medicine*, 2016.

Glied, S. "The Costs and Benefits of Health Spending in 2015." *Health Affairs Blog*, December 13, 2016.

Glied, S. "How Policymakers Can Foster Organizational Innovation in Healthcare." *Health Affairs Blog*, July 15, 2016.

Scheffler, R and S. Glied "How to Contain Health Care Costs" *New York Times*, May 3, 2016, p. A23.

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Glied, S. and B. Sampat "Would a Wider Variety of Vial Sizes Reduce the Cost of Chemotherapy? Not Likely." *Health Affairs Blog*, May 1, 2016.

Glied, S. "No Action is the Best Action on Medicare." *Commonwealth Fund Blog*, July 31, 2015

S. Glied and C. Solis-Roman, "Why Changing the Definition of Full-Time Work Under the ACA Will Put More Workers at Risk and Increase Federal Spending." *Commonwealth Fund Blog*, January 2014.

Glied, S. "A New Tool to Track the Progress of the Health System." *Health Affairs Blog*, June 1, 2012.

Glied, S. "Expanding SCHIP: A Downpayment on Health Reform." *Commonwealth Fund Blog*, January 1, 2009.

(ASPE ISSUE BRIEFS)

Beronio, Kirsten, Rosa Po, Laura Skopec, and Sherry Glied. "Affordable Care Act Will Expand Mental Health and Substance Use Disorder Benefits and Parity Protections for 62 Million Americans." Assistant Secretary for Planning and Evaluation Research Brief, February 2013

Sommers, Ben, Rick Kronick, Kenneth Finegold, Rosa Po, Karyn Schwartz, and Sherry Glied. "Understanding Participation Rates in Medicaid: Implications for the Affordable Care Act." Assistant Secretary for Planning and Evaluation Research Brief, March 2012.

(BOOK REVIEWS/LETTERS)

Glied, S. "Correcting misperceptions related to chemotherapy drug shortages in the United States." *Journal of Oncology Practice* (2014): JOP-2014.

Glied, Sherry. Review of Reinsuring Health: Why More Middle-Class People are Uninsured and What Government Can Do by Kathy Swartz New England Journal of Medicine. January 18, 2007, Vol. 356(3): 315-316.

Glied, Sherry. "Healing an Ailing Market Review" of The Cure by David Gratzer Regulation. Summer 2007. Vol. 30 (2): 62-63.

Glied, Sherry. Review of The Economic Evolution of American Healthcare: From Marcus Welby to Managed Care by David Dranove. Health Economics. November 2003, (12:11), 983.

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Glied, Sherry. Review of Frontiers in Health Policy Research (ed. Alan Garber). Journal of Economic Literature, December 1999, 1726.

Glied, Sherry. Review of The Managed Care Blues and How to Cure Them, by Walter Zelman and Robert Berenson. Political Science Quarterly. Summer 1999.

Glied, Sherry and J. Meyer. "Are 'America's Best Hospitals' America's Best?: Letter to the Editor." JAMA 278, August 13, 1997: 473-474.

Ackman, David and Sherry Glied, "Direct-to-Consumer Marketing," The New England Journal of Medicine, vol. 346(25), (2002):2010-2013.

(SELECTED NATIONAL MEDIA APPEARANCES)

ABC. Nightline. October 2006.

ABC. Peter Jennings Reporting: Breakdown: America's Health Insurance Crisis. December 2005.

NPR. Marketplace. April 2005.

Dateline NBC Documentary, August 2004.

NPR. Fresh Air. December 2, 2003.

PBS Documentary. Health Care Crisis. June 13, 2000.

(UNPUBLISHED WORKING PAPERS)

Hong, Kai, Kacie Dragan, and Sherry Glied. *Seeing and Hearing: The Impacts of New York City's Universal Prekindergarten Program on the Health of Low-Income Children*. No. w23297. National Bureau of Economic Research, 2017.

Glied, S., D. Ly and L. Brown. Medical savings accounts in the United States. Private health insurance and medical savings accounts: lessons from international experience. S. Thomson, E. Mossialos and R. G. Evans. Cambridge, Cambridge University Press. (2009 forthcoming).

Brown, L. and S. Glied. "Regression to the increasingly mean? Private health insurance in the United States." Private health insurance and medical savings accounts: lessons from international experience. S. Thomson, E. Mossialos and R. G. Evans. Cambridge, Cambridge University Press. (2009 forthcoming).

Glied, Sherry. Have the Administrative Costs of Health Insurance Changed? 2003.

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Glied, Sherry, Kathrine Jack. Macroeconomic Conditions, Health Care Costs, and the Distribution of Health Insurance. National Bureau of Economic Research, Inc. Working Papers: 10029, 2003.

Glied, Sherry and Tama Beth Brooks. "The Market and the Estimators: Forecasting the Cost of Medicare Catastrophic Coverage." National Bureau of Economic Research Working Paper no.6287.

Glied, Sherry, J. Sisk, S. Gorman, M. Ganz. "Selection, Marketing, and Medicaid Managed Care." National Bureau of Economic Research Working Paper No. 6164.

Glied, Sherry and R. Kroszner. "Much Ado about Nothing? Capital Market Reactions to Changes in Antitrust Precedent Concerning Exclusive Territories." University of Chicago Center for the Study of the Economy and the State Working Paper no. 102.

FELLOWSHIP AND GRANT SUPPORT

Analysis and Technical Assistance in Support of Health Reform. Commonwealth Fund. (Principal Investigator). 9/19-8/20. \$206,926.

Mental Health and the Evolving Labor Market. Robert Wood Johnson Foundation (co-Principal Investigator). 11/18-10/20. \$166,933/

Competition among Healthcare Providers. Commonwealth Fund. (Principal Investigator). 10/2018-6/2019. \$71,998.

Policies in Action: Policy and Law Research to Build a Culture of Health. Robert Wood Johnson Foundation (Principal Investigator). 10/2018-4/2021. \$1,270,000

Analysis and Technical Assistance in Support of Health Reform. Commonwealth Fund. (Principal Investigator). 9/18-8/19. \$194,949

Evaluating Consumer and Provider Effects of FAIR Health Online Shopping Tool. New York State Health Foundation (Principal Investigator). 9/17-8/19. \$296,775.

David Bohnett Public Service Fellows. David Bohnett Foundation. (Principal Investigator). 9/17-8/20. \$800, 829.

Analysis and Technical Assistance in Support of Health Reform. Commonwealth Fund. (Principal Investigator). 9/17-8/18. \$194,654

Policies in Action: Policy and Law Research to Build a Culture of Health. Investigator). Robert Wood Johnson Foundation (Principal Investigator). 12/2015-11/2018. \$1,200,000

Glied

Contributing to Health Reform: Analysis and Technical Assistance Grant. Commonwealth Fund. (Principal Investigator). 9/13-8/14. Direct Support funds \$180,622. Renewed 14/15; Renewed 15/16; Renewed 16/17.

Distribution of the Costs of Antimicrobial Resistant Infections, NIH (NR010822-01) (Principal Investigator). 9/07 – 5/12. Direct Support Funds \$1,200,000 (10% Time)

Tracking Grant II, MacArthur Foundation (Principal Investigator). 5/07-4/10. Direct support funds \$467,168 (10% time).

Improving Analysis of Health Expansion Options for New York State. New York State Health Foundation. 9/07-8/09 (Co-Principal Investigator). Direct Support Funds \$600,000 (10%)

Columbia Center for the Health of Urban Minorities. NCMHD (NIH). Co-Investigator. Direct Support Funds \$3,800,000 (5%)

Center for Outcomes Research, Improving the Hospital Work Environment (PI, Pat Stone)
7/1/2005 -6/30/2008 \$1,427,424.00 (5%)

Effectiveness of a Family Heart Health Intervention NIH R01 HL07075101-01A1 (PI, Lori Mosca) 8/01/2004 – 5/31/2008 \$1,273,590 (2%)

Cost Benefit Analysis and Mental Health Care in the US. Subcontract from Harvard University Medical Center from MacArthur Foundation grant. Principal Investigator 7/1/2007-6/30/2009 \$100,000 (15%)

Tracking Grant, MacArthur Foundation (Principal Investigator). 10/03-4/08. Direct support funds \$467,939 (10% time).

Lessons from Insurance Coverage from Other Systems and Across States: Analysis and Technical Assistance Grant, Commonwealth Fund (Principal Investigator). 12/07 – 11/08. Direct support funds \$188,772 (25% Time)

Tuberculosis Adherence Partnership Alliance Study. NIH. Principal Investigator, Subcontract. 9/00 - 9/05. Director Support funds \$2,268,000 (5%).

Task Force Direction, Analysis and Technical Assistance Grant. The Commonwealth Fund Principal Investigator. 12/04 – 11/05. Direct Support funds \$182,741 (25% time).

Project on the Identification and Treatment of Mental Health Problems in Medicaid-funded Primary Care. Technical Assistance Collaborative, Inc Principal Investigator. 4/04-12/06. Direct support funds \$260,505. (10% time).

Glied

Examining Future Insurance Directions and Policy Options: Analysis and Technical Assistance for the Task Force on the Future of Health Insurance. The Commonwealth Fund Principal CMNWLTH Investigator. 8/01 – 7/02. Direct Support funds \$245,288 (40% time).

Center for Study Interventions in Child Psychiatry. NIMH. Principal Investigator, Subcontract. 7/99 - 6/04. Direct Support funds \$1,000,000 (10%).

The Well-Being of Mentally Ill 1950-2002. The MacArthur Foundation. Principal Investigator, Subcontract. 12/01 - 5/03. Director Support funds \$121,797 (22%).

To Support Research Modeling Health Insurance Expansions. Robert Wood Johnson Foundation. Principal Investigator. 9/00 - 8/02. Direct Support funds \$162,046 (16%).

Future of Health Insurance for Working Americans. The Commonwealth Fund Principal CMNWLTH Investigator. 8/00 – 7/01. Direct Support funds \$235,917 (40% time).

Effectiveness of IPT-a in School Based Health Clinics. NIH/SAMSA. Principal Investigator, Subcontract. 9/98 - 8/01. Direct Support funds \$1,073,214 (5%).

Developing Workable Solutions for Improving Health Insurance Coverage for Working Americans. The Commonwealth Fund. Principal Investigator. 8/99 – 7/00. CMNWLTH Direct Support funds \$358,792 (as needed).

An Assessment of Mental Health Policy at Century's End. MacArthur Foundation. Principal Investigator. 7/99 – 8/00. Direct Support Funds \$72,405 (20% time).

Behavioral Intervention for the Control of TB. NIH/NHLBI. Investigator. 10/95 – 10/00. Direct Support Funds \$480,703 (6.5% time).

Effects of Medicaid Managed Care on AOD and MH Services. SAMHSA. Investigator. 9/96-9/99. C. Hoven, P.I. Direct Support Funds \$814,637 (10% time).

Current Population Survey Programming for the Task Force on the Future of Health Insurance for Working Families Workable Solutions Project. The Commonwealth Fund. P.C. 6/14/99 – 7/31/99 Direct Support Funds \$7,140 (10% time).

Minority Health in a Changing Health Care System. Commonwealth Fund. Principal Investigator. 2/98-1/99. Direct Support Funds \$48,273 (20% time).

Women's Health Care in the 1990s: Assessing Recent Changes in Access, Costs, and Quality. Commonwealth Fund Commission on Women's Health. Principal Investigator. 8/97 – 4/98. Direct Support Funds \$14,705 (15% time).

The Employer-Based Health Insurance System. Robert Wood Johnson Investigator Award. Robert Wood Johnson Foundation. Principal Investigator. 1/96-12/98. Direct Support Funds \$179,837 (50% time).

Glied

Women's Access to Mental Health Specialty Care as Patterns of Health Insurance Coverage Change. Commonwealth Fund Commission on Women's Health. Principal Investigator. 6/96 – 11/96. Direct Support Funds \$12,569 (25% time).

Epidemiological Study of Stroke Outcome in Three Ethnic Groups. NINDS. Investigator. 9/95-6/00. R. Sacco, P.I. Direct Support Funds \$842,038 (3% time).

Insurance and Provider Choice for Children with Mental Health Needs. NIMH. Principal Investigator. 8/94-7/95. Direct Support Funds \$104,374 (45% time).

To Evaluate State Health Reform Capacity. Robert Wood Johnson Foundation. Investigator. 12/94-5/97. L.D. Brown, P.I. Direct Support Funds \$329,728 (10% time).

Medicaid Managed Care in New York City. Commonwealth Fund. Investigator. 9/93-8/94. J. Sisk, P.I. Direct Support Funds \$284,769 (11% time).

Alternative Service Patterns for Children with Serious Emotional Disturbance. NIMH. Investigator. 9/93 - 8/97 C. Hoven, P.I. Direct Support Funds \$3,929,041 (10% time).

Evaluation of HIV Infection Early Intervention Programs. Centers for Disease Control. Investigator. 10/91-9/93. P. Messeri, P.I. Direct Support Funds \$160,416 (5% time).

AIDS Institute Community Service Programs. New York State AIDS Institute. Investigator. 5/89 - 9/93. P. Messeri, P.I. Direct Support Funds \$769,000 (10% time).

Labor Market Impacts of the AIDS Epidemic. NICHHD. Co-Principal Investigator. 9/89 - 8/92. David Bloom, P.I.. Direct Support Funds \$115,852 (15% time).

TEACHING EXPERIENCE AND RESPONSIBILITIES

Introduction to Health Economics
Issues in Health Care Policy and Health Care Reform
Advanced Health Economics
Policy Analysis
Labor Economics

Postdoctoral Advising

Morgan Williams 2018-
Kai Hong 2016-2018
Brett Anderson 2015-
Sidney Hankerson 2014-
Jennifer Humensky 2014-

Ph.D. Thesis Advising

Grace Kim (Public Service). Doctoral Dissertation Sponsor.
Rajeev Cherukupalli (Economics). Doctoral Dissertation Sponsor. 2010.
Emilia Simeonova (Economics). Doctoral Dissertation Sponsor. 2008. Assistant Professor.
Institute for International Economic Studies, Stockholm University
Lauren Nicholas (Social Work). Doctoral Dissertation Sponsor. 2008. Post doctoral researcher,
University of Michigan.
Regina Alemeyda Duran (Economics). Doctoral Dissertation Sponsor. 2006. Associate.
Analysis Group.
Sangeeta Goyal (Economics). Doctoral Dissertation Sponsor. 2004. Education Economist,
South Asia Sector for Human Development (SASHD). The World Bank.
Prea Gulati (Sociomedical Sciences). Doctoral Dissertation Sponsor. 2004. Research Scientist,
Global Health Council.
Gerard Carrino (Sociomedical Sciences) Doctoral Dissertation Sponsor. 2004. Assistant Vice
President, Columbia University Medical Center.
Adriana Lleras-Muney (Economics). Doctoral Dissertation Sponsor. 2001. Assistant Professor
of Economics, Princeton University.
Robert Graboyes (Economics). Doctoral Dissertation Sponsor. 2000. Senior Health Policy
Adviser, National Federation of Independent Business.
Cait Des Roches, Dr.P.H. (Sociomedical Sciences) Doctoral Dissertation Sponsor. 2000.
Research Scientist. Harvard School of Public Health.
Mark Stabile. (Economics) Doctoral Dissertation Sponsor. 1999. Associate Professor,
Department of Economics, University of Toronto.
Michael Ganz (Sociomedical Sciences) Doctoral Dissertation Sponsor. 1998. Assistant
Professor, Maternal and Child Health, Harvard School of Public Health.
Alma Bowen Garrett IV. Ph.D. (Economics) Doctoral Dissertation Sponsor. 1996. RWJ Policy
Scholar 1996-1997. Senior Research Associate, The Urban Institute.

Linda Marie Dynan. Ph.D. (Economics) Doctoral Dissertation Sponsor. 1994. Assistant Professor. Northern Kentucky University.

Edward Snyder, Jr. Dr.P.H. (Public Health) 2nd Reader. 1997.
Joanne Lamphere Dr.P.H. (Public Health) Examination Chair. 1996.
Rohit Sah. Ph.D. (Economics) 2nd Reader. 1996.
Omar Azfar. Ph.D. (Economics) 2nd Reader. 1995.
David Beede. Ph.D. (Economics) Examination Chair. 1995.
Debojyoti Sarkar. Ph.D. (Economics) 2nd Reader. 1995
Melissa Binder. Ph.D. (Economics) Examination Chair. 1995
Jaime Saavedra. Ph.D. (Economics) Examination Chair. 1995.
Ajay Mahal. Ph.D. (Economics) Examination Chair. 1995.
Cynthia Miller. Ph.D. (Economics) Examination Chair. 1993.
Rehana Siddiqui. Ph.D. (Economics) Examination Chair. 1992.

Undergraduate Thesis Advising

Shira Galinsky. 2000.
Karuna Patel. 1998.
George Ko. 1998.
Tama Beth Brooks. 1996.
Srilakshmi Gnanasekaran. 1992.
Christoph Westphal. 1991.

OTHER PROFESSIONAL ACTIVITIES

Boards of Directors

Member, Board of Directors, NeuroRx (2015 -)
Member, Board of Directors, Milbank Memorial Fund (2015-)
Member, Board of Directors, Center for Health Policy Development (2014-2016)
Member, Board of Directors, FAIR Health (2013-)
Member, Board of Directors, AcademyHealth (2007-2010)

Other Boards and Committees

External Reviewer, University of Pennsylvania, Leonard Davis Institute (2018-).
External Reviewer, Columbia University, School of International and Public Affairs (2016-2017).
Special Issue Editor, Journal of Health Politics, Policy, and Management. Policy Analysis and the Politics of Health Policy: Scholarship, Knowledge Translation and Policymaking (2017).
Special Issue Editor, Health Affairs. The Work/Health Relationship. February (2017).
Special Issue Editor, American Journal of Preventive Medicine, The Use of Economics in Informing U.S. Public Health Policy. Volume 50, Issue 5, Supplement 1 (2016).
Special Issue Editor, Health Services Research. Improving Efficiency and Value in Health Care. 43(5, pt. 2) October (2008).

Special Issue Editor, Health Services Research. Alice Hersh Memorial Issue, Dec; 35(5 Pt 3) (2000).

Member, CBO Health Insurance Simulation Model Technical Review Panel (2018-)
External Monitor, National Academy of Sciences, Engineering and Medicine, Board on Children, Youth and Families, Transforming the Financing of Early Care and Education (2018).
Member, National Academy of Medicine, Building the Evidence Base for Improving Health Care Steering Committee (2017-2018)
Member, OPAL Stakeholder Advisory Board, New York State Psychiatric Institute (2018-)
Member, NICHM Research Award Review Panel (2016-)
Member, Commonwealth Fund Council of Economic Advisers (2016-)
Member, Harvard/Arnold Policy Advisory Board (2016-)
Member, *Health Affairs* Council on Health Care Spending and Value (2018 -)
Member, Advisory Board, Brookdale Institute (2006 – (except 2010-2012))
Member, IHEA, Arrow Awards Committee (2013-2018)
Member, AcademyHealth, Health Services Research Impact Award Committee (2013-2015)
Member, IOM Committee on Psychosocial Services to Cancer Patients (2006 -2008)
Member, Research!America Eugene Garfield Award Committee (2005-2010)
Member, IOM Committee on Core Metrics for Better Health at Lower Cost (2012-2014)
Member, IOM Board on Children, Youth and Families (2008-2010)
Member, IOM Committee on Planning a Continuing Health Care Professional Education Institute
Member, Regents Advisory Committee, American College of Healthcare Executives, New York Region (2004 -2010)
Member, Board of Advisors, NCHS/Academy Fellowship Committee (2001 -2010)
Member, IOM Subcommittee on Societal Costs of Uninsured Populations, (May 2002 – January 2003)
Member, Executive Committee, Section on Healthcare Delivery, New York Academy of Medicine (2001-2010)
Injury Research Grant Review Committee, Centers for Disease Control (2000 – 2003)
Editorial Board, Milbank Quarterly (2000 – 2010)
Editorial Board, Journal of Health Politics, Policy, and Law (2000 – 2010)
Member, MS Society Advisory Committee on Health Care Delivery and Policy Research (1999-2004)
National Advisory Committee, Robert Wood Johnson Foundation Investigator Awards (1999-2005).
Panelist, Research Panel on Collaborative Networks, New York Academy of Medicine (1999).
Special Member, Health Services Review Panel, Agency for Health Care Policy Research, 1999.
Panelist, Advisory Panel on Public Health and Medicine. New York Academy of Medicine. (1995 –1997).
NIHCM Foundation Advisory Board – (July 2019-)
Editorial Board, Women and Health (2005 -2010)
Editorial Board, Annual Reviews of Public Health (2005- 2009)
Editorial Board, Health Services Research (1998- 2010)

Reviewer:

Reviewer: American Journal of Public Health; Congressional Budget Office; Harvard University Press; Industrial Labor Relations Review; National Science Foundation; Pediatrics; Quarterly Journal of Economics; Robert Wood Johnson Foundation; Science; Women and Health; Surgeon General's Report on Mental Health; University of Chicago Press; American Economic Review; Journal of Health Economics; Journal of Health Politics Policy and Law; Inquiry; Russell Sage Foundation; JAMA; NEJM.

Attachment B

Attachment B: Materials Relied Upon

Legal Documents

Expert Report of Laurence C. Baker, Ph.D., May 10, 2019, *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

Expert Report of Pradeep K. Chintagunta, Ph.D., May 10, 2019, *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

Expert Report of Professor Iain Cockburn, May 10, 2019, *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

Expert Report of Henry Grabowski, Ph.D., May 10, 2019, *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

Expert Report of Professor Margaret K. Kyle, May 10, 2019, *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

Expert Report of Professor Meredith Rosenthal, March 25, 2019. *In Re National Prescription Opiate Litigation*, MDL No. 2804, Case No. 17-md-2804, United States District Court for the Northern District of Ohio, Eastern Division.

Other Documents

Baltagi, B., and D. Levin, "Estimating Dynamic Demand for Cigarettes Using Panel Data: The Effects of Bootlegging, Taxation and Advertising Reconsidered," *Review of Economics and Statistics*, 68(1), February 1986, pp. 148-155.

Chintagunta, P.K., R. Jiang, and G.Z. Jin. "Information, learning, and drug diffusion: The case of Cox-2 inhibitors," *Quantitative Marketing and Economics*, 7(4), 2009, pp. 399-443.

Chintagunta, P.K., V. Kadiyali, and N.J. Vilcassim, "Endogeneity and Simultaneity in Competitive Pricing and Advertising: A Logit Demand Analysis," *Journal of Business*, 79(6), November 2006, pp. 2761-2787.

Datta, A., and D. Dave, "Effects of Physician-Directed Pharmaceutical Promotion on Prescription Behaviors: Longitudinal Evidence," *Health Economics*, 26, 2017, pp. 450-468.

Dave, D., and H. Saffer, "Demand for Smokeless Tobacco: Role of Advertising," *Journal of Health Economics*, 32(4), July 2013, pp. 682-697.

Diebold, F.X., and L. Kilian, "Unit-Root Tests Are Useful for Selecting Forecasting Models," *Journal of Business and Economic Statistics*, 18(3), July 2000, pp. 265-273.

Kremer, S., T. Bijmolt, P. Leeflang, and J. Wieringa, "Generalizations on the effectiveness of pharmaceutical promotional expenditures," *International Journal of Research in Marketing*, 25, 2008, pp. 234-246.

Majumdar, S.R., and S.B. Soumerai, "Why most interventions to improve physician prescribing do not seem to work," *Canadian Medical Association Journal*, 169(1), July 2003, pp. 30-31.

Majumdar, S.R., F.A. McAlister, and S.B. Soumerai, "Synergy between Publication and Promotion: Comparing Adoption of New Evidence in Canada and the United States," *The American Journal of Medicine*, 115, October 2003, pp. 467-472.

Mizik, N., and R. Jacobson, "Are Physicians 'Easy Marks'? Quantifying the Effects of Detailing and Sampling on New Prescription," *Management Science*, 50(12), December 2004, pp. 1704-1715.

Qi, S., "The impact of advertising regulation on industry: the cigarette advertising ban of 1971," *RAND Journal of Economics*, 44(2), 2013, pp. 215-248.

Remler, D., J.G. Zivin, and S. Glied, "Modeling Health Insurance Expansions: Effect of Alternate Approaches." *Journal of Policy Analysis and Management*, 23(2), 2004, pp. 291-314.

Seldon, B.J., and R. Boyd, "The stability of cigarette demand," *Applied Economics*, 23, 1991, pp. 319-326.

Shapiro, B.T., "Positive Spillovers and Free Riding in Advertising of Prescription Pharmaceuticals: The Case of Antidepressants," *Journal of Political Economy*, 126(1), 2018, pp. 381-437.

Windmeijer, F., E. de Laat, R. Douven, and E. Mot, "Pharmaceutical promotion and GP prescription behavior," *Health Economics*, 15(1), 2006, pp. 5-18.